PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademonia Vollice; U.S. DEPARTMENT OF COMMERCE Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application Number	09/620,	09/620,826					
TRANSMITTAL			Filing Date	Jul 21,	2000				
FORM			First Named Inventor	Majidi- <i>A</i>	Ahy, Reza				
(to be used for all correspondence after initial filing)			Art Unit	2616					
			Examiner Name	Jones,	Р.				
Total Number of Pages in This Submission 5+			Attorney Docket Number	164.10°	017.01				
ENCLOSURES (check all that apply)									
X Fee Trans	mittal Form		Drawing(s)		After Allowance communication to Group				
Fee	Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendme	nt / Reply		Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
Afte	r Final		Petition to Convert to a Provisional Application		Proprietary Information				
Affidavits/declaration(s)			Power of Attorney, Revocation Change of Correspondence Ad	dress	Status Letter				
Extension of Time Request			Terminal Disclaimer		Other Enclosure(s) (please identify below):				
Express Abandonment Request			Request for Refund		PTO Form SB08A				
				Copies of References Return Postcard					
X Information	Disclosure Statement		CD, Number of CD(s)						
Certified C	opy of Priority	Rem	arks						
Response	to Missing Parts/ Application								
Response to Missing Parts under 37 CFR 1.52 or 1.53									
	SIGN	<u>ATU</u> RE	OF APPLICANT, ATTORN	EY, OR	R AGENT				
Firm or Individual name	Steven A. Swernofsky				Reg. No. 33,040				
Signature /Steven A. Swernofsky/									
Date	November 19, 2007								
OFFICIOATE OF TRANSMISSION AND INC									
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Type or printed name Dede Stolee									
Signature /Dede Stolee/				Date November 19, 2007					

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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_		Complete if Known				
FEE TRANSMI	TTAL	Application Number	09/620,826			
		Filing Date	7/21/2000			
for FY 200	4 [First Named Inventor	Majidi-Ahy, et al.			
Effective 10/01/2003. Patent fees are subject to a	_	Examiner Name	Jones, P.			
Applicant Claims small entity status. See		Art Unit	2616			
<u> </u>		Attorney Docket No.	164.1017.01			
TOTAL AMOUNT OF PAYMENT (\$) 180.0	10	ration to Booker to.	10 1. 10 17 10 1			

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)								
Check Credit card Money Order Other None			3. ADDITIONAL FEES										
<u> </u>			Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	Fee Paid					
X Deposit Account Deposit				Code	(\$)	Code	(\$)	ree Description	ree Palu	1			
Account 50-0365				1051	130	2051	65	Surcharge – late filing fee or oath					
Number Deposit Account Number Swernofsky Law Group PC				1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet					
Name The Director is authorized to: (check all that apply)						/)	1053	130	1053	130	Non-English specification		
_		s) indicate		` —	it any overpa	,	1812	2,520	1812	2,520	For filing a request for ex parte reexamin	ation	
X Cha	arge any	additiona	l fee(s) c	or any underpay	ment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to		
Cha	arge fee	(s) indicate	ed below	, except for the	e filing fee		1805	1.840*	1805	1.840*	Examiner action Requesting publication of SIR after		
to the abo	ve-ident	ified depos	sit accou	ınt.			1000	1,040	1005	1,040	Examiner action		
FEE CALCULATION					1251	120	2251	60	Extension for reply within first month				
1. BASIC FILING FEE					1252	450	2252	225	Extension for reply within second month				
Large E	ntity	Small I	Entity				1253	1,020	2253	510	Extension for reply within third month		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Desc	ription	Fee Paid	1254	1,590	2254	795	Extension for reply within fourth month		
1001	790	2001	395	Utility filing	fee	1001010	1255	2,160	2255	1,080	Extension for reply within fifth month		
1002	350	2002	175	Design filin	g fee		1401	500	2401	250	Notice of Appeal		
1003	550	2003	275	Plant filing	ĭ		1402	500	2402	250	Filing a brief in support of an appeal		
1004	790	2004	395	Reissue fili	ng fee		1403	1,000	2403	500	Request for oral hearing		
1005	200	2005	100	Provisional	filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceedi	ing	
				1452	500	2452	250	Petition to revive – unavoidable					
				STOTAL (1			1453	1,500	2453	750	Petition to revive – unintentional		
2. EXT	RA C	LAIM F	EES	FOR UTIL		REISSUE	1501	1,400	2501	700	Utility issue fee (or reissue)		
			Ext	ra Claims	Fee from below	Fee Paid	1502	800	2502	400	Design issue fee		
Total Cla		-20)**=	x	-	:	1503	1,100	2503	550	Plant issue fee		
Independ Claims	dent	- 3'	**=	X	=	:	1460	130	1460	130	Petitions to the Commissioner		
Multiple [Depend	lent	_		-	:	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large E	ntity	Small I	Entity				1806	180	1806	180	Submission of Information Disclosure St	mt \$180.00	
	Fee (\$)	Fee Code	Fee (\$)	Fee Desc	cription		8021	40	8021	40	Recording each patent assignment per		
1202	50	2202	25	Claims in e	xcess of 2	0	1809	790	2809	395	property (times number of properties) Filing a submission after final rejection (37 CFR 1.129(a))		
1201	200	2201	100	Independer	nt claims ir	excess of 3	1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))		
1203 360 2203 180 Multiple dependent claim, if not paid			1801	790	2801	395	Request for Continued Examination (RCE)						
1204 200 2204 100 **Reissue independent claims over original patent			1802	900	1802	900	Request for expedited examination of a design application						
1205 50 2205 25 **Reissue claims in excess of 20 and over original patient						,			J 11				
SUBTOTAL (2) (\$) 0.00				Other fee (specify)									
** or number previously paid, if greater; For Reissues, see above				*Reduc	ed by Bas	ic Filing	Fee Paid	SUBTOTAL (3)	(\$) 180.00				

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Steven A. Swernofsky	Registration No. (Attorney/Agent)	33,040	Telephone	650-947-0700
Signature	/Steven A. Swernofsky/			Date	November 19, 2007

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